



ROLE OF RELIGIOUS FAITH ON MENTAL HEALTH AND PSYCHOLOGICAL WELL-BEING AMONG COLLEGE STUDENTS

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ABSTRACT

The present study aims to examine the relationship between religious faith, mental health, and psychological well-being among college students. In the modern world, a student's psychological health and well-being are vital components of their existence. In today's fast-paced academic environment, students experience multiple stressors that affect their mental health. Religious faith is often seen as a coping mechanism that can positively influence psychological well-being.

The psychological well-being and mental health of an individual greatly influences their quality of life. Emotions are expressed through psychological well-being and mental health, which also denotes a successful adjustment to a variety of pressures. Attending spiritual and religious events, such as meditation, yoga, and spiritual talks, have helped many people connect with others on a deep social level, increase their sense of belonging, and enhance their psychological health.

The objective of this study to evaluate the impact of adolescents' spiritual faith on their psychological well-being and mental health. The present research has been designed using the quantitative approach with 2X2 factorial design. Samples of this study will have selected 40 for high religious faith (20 male & 20 female) and 40 for low religious faith (20 male & 20 female) of college students. The measures of the study have used Mental health battery (MHB) developed by Arun Kumar Singh & Alpna Sen Gupta, Psychological well-being inventory given by The Ryff Scale and Religious faith measured by modified version of Santa Clara Strength of Religious Faith Questionnaire (SCSRFQ) developed by Plante and Boccaccini.

The results of ANOVA show main effect of religious faith and gender were found significant ($p < .01$) in psychological well-being while the finding of mental health also show significant ($p < .01$) on religious faith but not significant in gender. The correlation between psychological well-being and mental health also found significant ($p < .01$). This research will helpful for predict that spiritual and religious faith are a significant predictor of mental health and psychological well-being and it can increase positive beliefs, higher sense of purpose, self-control, and inner strengths in youth generation. This paper will be extending the benefits of spirituality to enhance and encouraged an individual positive coping strategy.

KEYWORDS: Spirituality, Religious Faith, Mental Health, Psychological Well-Being.

INTRODUCTION

College life is considered a period of growth, learning, and transition but also brings numerous challenges related to academic pressure, career uncertainty, identity development, and interpersonal relationships. These challenges often impact students' mental health and psychological well-being. Amidst these stressors, religious faith can serve as a crucial source of emotional stability, hope, and resilience.

Religious faith has been recognized as a personal and social resource that fosters mental health by providing meaning, purpose, and coping mechanisms during stressful times. It is important to explore how religious faith influences students' mental well-being and whether it can buffer against psychological distress.

Mental health and psychological well-being are a central determinant to decide the quality of life. Mental health is an

expression of emotions and signifies a successful adaptation to a range of demands. A rising amount of data suggests that among college students in emerging nations like India, mental illnesses and criminal incidents are become more common and severe. Certain research findings indicate that a significant portion of religion tends to downplay the incidence of deviant conduct in adolescents (Laird, Marks, & Marrero, 2011). According to Weaver (2010), the post-modern society's increasing demands for social stability and economic stability lead to feelings of worry and sadness, which are detrimental to one's mental health and general well-being.

Many started engaging in various illicit activities and even took their own lives in an attempt to escape this unwanted situation. Weaver (2010) claims that in addition to significant emotional maladjustment brought on by inadequate coping mechanisms, the person had an unhealthy lifestyle. Persistent depression and life discontent brought on by outside challenges undermine

each person's ability to operate structurally in society.

Most people agree that religion is the most significant aspect of human existence. Tajfel and Turner's (1979) Social Identity Theory states that a person's identification with any organization, including a religious community or other institution, can enhance both their physical and mental well-being. A person's self-concept, or social identity, is shaped by their interactions with a growing number of members of their own group. Through positive differentiation of their in-group from a comparison out-group on several esteemed dimensions, this connection subsequently improves positive self-esteem.

Psychological well-being, according to Ryff (1989), is the capacity of an individual to transcend his innate ability and tendency. People who identified with any religion, according to Green and Elliot (2010), reported being happier and having better mental health. According to certain studies, individuals with radical religious beliefs tend to be less happy than those with more moderate beliefs. Numerous studies have demonstrated the beneficial effects of religion on people's mental health (Ellison & Levin, 2012; Swinton, 2011). Despite this, the majority of research shows a positive correlation between religion and mental and psychological health.

Religious faith with Mental Health:

Mental health is a central determinant to decide the quality of life. In addition to being free from mental illnesses like depression, anxiety, or personality disorders, mental health also entails regularly experiencing happy, positive emotions like joy, happiness, wonder, and hope. While poor mental health can make it difficult for someone to lead a normal life, good mental health can improve one's life.

Religion has an impact on mental health, particularly in the ways that it serves as a resource for people in daily life and especially in times of need. Recent research has increasingly shown the potential for a positive relationship between various dimensions of religion and psychological well-being, despite early psychological perspectives that tended to emphasize the negative view of religion as a psychological weakness and form of pathology (Ellis, 1983; Freud, 1928). (Koenig, McCullough, & Larson, 2001; Smith, McCullough, & Poll, 2003).

Prominent religious practices have an impact on mental health both directly and indirectly through resource accumulation; they also address the role of religion in reducing the negative correlation between stress and poor mental health outcomes. According to Behere et al. (2013) and Moreira-Almeida et al. (2006), religion is an ordered system of beliefs, practices, rituals, and symbols that aid in the explanation of life's events and help people get closer to a transcendent or sacred being, such as God or another higher power.

Religious faith with psychological well-being:

A growing body of research has been conducted in recent years to examine the positive effects of religion on people's mental and physical health. There are several reasons why someone would practice their religion. Individual self-efficacy is one area that benefits from religious faith in addition to psychological

well-being. According to Bandura (1977), self-efficacy is the belief in one's own ability to perform at a certain level and exert control over life-affecting events.

According to research by Oyewumi, Ibitoye, and Sanni (2012), people who have higher levels of self-efficacy approach challenging tasks as chances to demonstrate their abilities rather than as threats. As a result, it also enhances their capacity for problem-solving and promotes life satisfaction. A study conducted by Żołnierz, Wac, Brzozowska, and Sak (2017) on 273 medical students revealed that religion is a crucial coping strategy for handling problems. Most people agree that religion is the most significant aspect of human existence.

Many people have discovered that engaging in religious activities can foster strong social bonds, increase a person's sense of belonging, and enhance psychological health. On the other hand, "achieving one's full psychological potential could be defined as psychological well-being," according to Carr (2002). According to Carol Ryff, there are various components that make up wellbeing, such as:

- **Self-acceptance:** This refers to having a positive outlook on yourself, accepting and acknowledging all facets of who you are, feeling good about your previous life, etc.
- **Personal growth:** This is the state of being open to new experiences and feeling like one is still developing and has potential.
- **Purpose of life:** It refers to having objectives and a clear sense of direction. believing in the meaning of life and finding significance in both the past and the present.
- **Environmental mastery:** This is the ability to select or create contexts that are personally appropriate while feeling competent and capable in managing a complex environment.
- **Autonomy:** This refers to our internal behavior regulation, independence, and self-determination. It involves assessing ourselves according to our own standards and defying social pressure to think and behave in particular ways.
- **Positive relations with others:** These are connections that are cozy, fulfilling, and based on trust. It is having a deep sense of empathy, intimacy, and concern for the well-being of others.

REVIEW OF LITERATURE:

The study of Moreira-Almeida, Neto & Koenig (2006), found that religious involvement is usually associated with better mental health and need to improve our understanding of the mediating factors of this association.

A significant correlation between religious faith and psychological well-being was found in a study by Kalliampos & Roussi (2017) that examined the impact of religion on psychological well-being among Greek cancer patients. This study, which included 86 cancer patients, demonstrates the critical role that religious faith plays in cancer patients' overall health. Likewise, Park's (2010) longitudinal study revealed that to be accurate. This study examined the effects of religious and spiritual components on students' psychological health

and discovered that these factors have a significant impact on students' mental health.

The Study by Jin and Zang (1998) on 1433 respondent in the People's Republic of China found that psychological well-being precisely self-esteem is a tenacious predictor of suicidal thoughts. Moreover, related study of Nurhayati, Amit & Suen, 2014 also show that in Malaysia adolescent who suffering from depression, stress, and anxiety more tend to have suicidal thoughts and unable to cope the frustrations due to the handful of issues and suicide rates in Malaysia rise sharply over the years. Adolescent aged in this study between 16 to 19 years old is at high risk of committing suicide. While, Dew, Daniel, Armstrong, Goldston, Triplett, & Koenig (2008), plenty of studies using cross sectional data has found negative relationship between religious attendance and adolescent mental health.

RESEARCH PROBLEM:

According to the Indian viewpoint, being religious and spiritually involved gives young people positive beliefs, a stronger sense of purpose, self-control, and inner strength. This is because having a religious or spiritual faith can improve one's mental health and ability to handle stress by giving college students a sense of peace, forgiveness, and purpose.

Objectives of Study:

1. To explore the effect of religious faith and gender on mental health among college students district Darbhanga.
2. To investigate the effect of religious faith and gender on student's district Darbhanga.
3. To identify the relationship between mental health and psychological well-being among college students district Darbhanga.

Hypothesis:

1. Religious faith and Gender will be significant predictor of mental health among college students district Darbhanga.
2. Religious faith and Gender will be significant predictor of psychological well-being among college students district Darbhanga.
3. There will be positive correlation between Mental health and psychological well-being among college students district Darbhanga.

METHOD

Research Design:

The present research has been designed using the quantitative approach with 2x2 factorial design. This Study focuses on investigates the significant effect between religious faith on adolescent mental health and psychological well-being.

Sample:

In this study, eight hundred (80) participants will be involved for college students in district Darbhanga. The participants will have been divided equally according to gender. The age range of participants approximate between 17-20 years. Researcher will be used randomized sampling method to choose sample from larger population. These groups have chosen because they were considered to be in their adolescent stage and most

appropriate for this research.

Measures: In this research, the first section comprised demographic details such as gender, family income and religion. The second section used different questionnaire are follows-

1. Santa Clara Strength of Religious Faith Questionnaire (SCSRFQ) developed by Plante and Boccaccini in 1997. Response ranges from strongly disagree to strongly agree. This questionnaire can measure individual religious strength and faith. Significant Cronbach's alpha found ranging from .94 to .97 for this inventory in previous study (Plante, 2010).
2. Mental Health Battery developed by Arun Kumar Singh and Alpna Sen Gupta. It consists 130 items.
3. The Psychological Well-Being Inventory (The Ryff Scale) originated by Ryff (1989). This questionnaire contained 42 items.

Procedure

Eighty subjects are drawn from various college students of Darbhanga through random sampling and they are assigned into four sub-groups. After that consent of the subjects, has been administered the religious faith, mental health and psychological well-being of participant for data collection and classified the data according to different levels of independent variables.

RESULT:

Psychological well-being:

Analysis of variance of test scores of psychological well-being indicate that the main effect of gender (Male $X = 81.15$ / Female $X = 76.80$) was significant $F(1,76) 23.99 P > .01$. (Table 1,2)

The main effect of religious faith (High religious faith $X = 92.50$ / Low religious faith $X = 65.45$) was also found significant $F(1,76) 647.52 P > .01$. (Table 1,2)

Gender	Religious Faith		
	High Religious Faith	Low Religious Faith	
Male	47.9 (08.41)	33.25 (06.83)	81.15
Female	44.6 (05.03)	32.2 (07.93)	76.80
Total	92.5	65.45	

Table 1: Showing mean and SD scores of psychological well-being

Source of Variation	Sum of square	df	MS	F-ratio
Religious Faith (A)	3658.5	1	3658.5	647.52**
Gender (B)	135.57	1	135.57	23.99**
AB (Religious Faith x Gender)	25.31	1	25.31	4.47*
Within group	429.8	76	5.65	
Total	4249.18	79	53.26	

*Significant at 0.05 Level, ** Significant at 0.01 Level

Table 2: Showing 2x2 Analysis of variance of test scores of psychological well-being

Mental Health:

Analysis of variance of test scores of Mental Health indicate that the main effect of gender (Male $X = 135.45$ / Female $X = 133.55$) was not significant $F(1,76) .344$. (Table 3,4)

The main effect of religious faith (High religious faith $X = 144.8$ / Low religious faith $X = 124.2$) was found significant $F(1,76) 40.44 P > .01$. (Table 3,4)

Gender	Religious Faith		
	High Religious Faith	Low Religious Faith	
Male	72.90 (09.75)	62.55 (05.86)	135.45
Female	71.90 (08.09)	61.65 (06.32)	133.55
Total	144.8	124.2	

Table 3: Showing mean and SD scores of Mental Health

Source of Variation	Sum of square	df	MS	F-ratio
Religious Faith (A)	2121.8	1	2121.8	40.46**
Gender (B)	18.04	1	18.04	.344 (NS)
AB (Religious Faith x Gender)	.05	1	.05	.009 (NS)
Within group	3985.15	76	52.43	
Total	6125	79	77.53	

*Significant at 0.05 Level, ** Significant at 0.01 Level

Table 4: Showing 2x2 Analysis of variance of test scores of Mental Health

The correlation between Mental health and psychological well-being of college students were obtained and shown in table 5. The result indicated there was significant relationship between mental health and psychological well-being ($r = .5.92$, $P > .01$). (Table-5)

Variable	Mean	SD	Correlation	df	Significant level
Mental Health	67.25	6.29	.5.92	78	$P > .01$
Psychological well-being	39.48	7.17			

*Significant at 0.05 Level, ** Significant at 0.01 Level

Table 5: Showing Correlation between Psychological well-being and Mental Health

DISCUSSION

The results of this research are analyzed in form of Mean, SD, ANOVA and Correlation computed separately. The finding of results indicate that it will be beneficial for youths in our country because poor mental health and psychological well-being ended in depression, severe anxiety and helplessness criminal behavior and unable to stay consistent in their life challenges. But religious and spiritual thought can helpful for our new generation and this belief has profound capability to control their life event and facing challenges in a positive way.

In total psychological well-being mean scores of male adolescents are found better than female adolescents. Gender

differences in coping strategies are the way in which men and women differ in managing psychological stress and problems. The finding will be extending the benefits of religion on enhance and encouraged an individual positive coping strategy and psychological well-being.

The results of ANOVA show main effect of religious faith and gender were found significant in psychological well-being while the finding of mental health also show significant on religious faith but not significant in gender. More recent research that has more finely pictured the constructs of religious faith and spirituality points to a largely positive association with psychological well-being and mental health (Hill and Pargament 2003).

The correlation between psychological well-being and mental health also found significant. Numerous research studies have indicated a positive correlation between psychological well-being and religiosity. A person's psychological and mental well-being are related to their state of mind. While poor mental health and well-being can make it difficult for someone to lead a normal life, good mental health and well-being can improve one's life.

The many studies clearly indicate that spirituality and religiousness play an important role in psychological well-being and mental health of an individual. Spiritual thoughts are also offering a sense of identity, satisfies the need for belonging, and unites people around shared understandings thus helps in promoting psychological well-being and mental health in an individual. Thus, faith in God and being religious help them in coping up with many difficulties of their lives, and making them satisfied and happy in their lives and hence helps in promoting their psychological well-being and mental health.

CONCLUSION

This research will concentrate on how mental health and psychological well-being are strongly correlated with an individual's spiritual and religious beliefs. It has also been demonstrated that these relationships help college students develop positive attitudes and recognize their inner strength, capability, and constructive coping mechanisms. A person with strong mental health and well-being may find it easy to balance their activities of daily living with their efforts to develop psychological resilience.

Nevertheless, it should be acknowledged that the result of this study is based on a limited sample of adolescents of Darbhanga city. It may useful to conduct study on larger sample of different areas of India for future research studies.

REFERENCES

1. Aneshensel, C.S. et al. (2013), Handbook of the Sociology of Mental Health, Second Edition, Handbooks of Sociology and Social Research, DOI 10.1007/978-94-007-4276-5_22.
2. Ellison, C. G., & Levin, J. S. (2012). The religion-health connection: Evidence, theory, and future directions. Health Education and Behaviour, 25, 700-720.
3. Ganaprakasam, C. & Hutagalung, F. D., (2018). Religion on psychological well-being and self-efficacy among secondary school students. International Journal of Scientific and Research

- Publications, Volume 8, Issue 5, 45 ISSN 2250-3153.
4. Hill, P. C., & Pargament, K. I. (2003). Advances in the conceptualization and measurement of religion and spirituality: Implications for physical and mental health research. *American Psychologist*, 58, 64–74.
 5. Kaliampos, A., & Roussi, P. (2017). Religious beliefs, coping, and psychological well-being among Greek cancer patients. *Journal of Health Psychology*, 22(6), 754–764. doi:10.1177/1359105315614995.
 6. Koenig, H., Carson, V. B. & King, D. E. (2012). *Handbook of religion and health* (2nd ed.). Retrieved <http://books>.
 7. Moreira-Almeida, A., Neto, L.F. & Koenig, G.H. (2006), Religiousness and mental health: A review, Centre for the Study of Religious and Spiritual Problems (NEPER), Department of Psychiatry, Universidade de São Paulo (USP), São Paulo (SP), Brazil *rev Bras Psiquiatr.* 2006;28(3):242-50.
 8. Park, J. J. (2010). Psychological Well-Being for White, Black, Latino/a, and Asian American Students: Considering Spirituality and Religion. *Journal of Student Affairs Research and Practice*, 47, 4th ser., 1-18. doi:10.2202/1949-6605.6143.
 9. Ryff, C.D. (1989). Beyond Ponce de Leon and life satisfaction: new directions in quest of successful aging. *International Journal of Behavioural Development*, 12, 35 – 55.
 10. Swinton, J. (2011). *Spirituality and mental health care: Rediscovering a “forgotten” dimension*. London: Jessica Kingsley
 11. Tajfel H, Turner J. (1979). An integrative theory of intergroup conflict. In: Austin W, Worchel S, editors. *The social psychology of intergroup relations*. Pacific Grove, CA: Brooks/Cole; 1979. pp. 33–47.
 12. Tang TS, Brown MB, Funnell MM, Anderson RM. (2008). Social support, quality of life, and self-care behaviours among African Americans with type 2 diabetes. *Diabetes Educator*, 34:266–276.
 13. Weaver, R. (2010) Feeling Lonely with So Many People: New Research Suggests a Loneliness Problem. *Empower Mental Health Online Magazine*.
 14. Zolnierz, J., Brzozowska, A., & Sak, J. (2017). Self-efficacy, religiosity and opinions on the role of religion in coping with the difficulties of medical students. *Journal of Education, Health and Sport*, 7(4), 185-2017. doi: <http://dx.doi.org/10.5281/zenodo.400>